

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

RECEIVED
TECH CENTER 1600/2000
MAR 10 2003
3

Address to: **Assistant Commissioner for Patents**
Box RCE
Washington DC 20231



Application No. 09/445,656
Filing Date: July 17, 2000
First Named Inventor: A.V. Kabanov et al.
Group Art Unit: 1617
Examiner Name: E. Webman
Attorney Docket No. 0685-UNMC-63117A-US

This is a request for a continued examination under 37 C.F.R. 1.114 of the above-identified application.

1. Submission required under 37 C.F.R. §1.114

- a. Previously filed
 - i. Consider the unentered amendment/reply previously filed on _____
 - ii. Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
 - iii. Other _____
- b. Enclosed
 - i. Amendment/Reply
 - ii. Affidavit(s)/Declaration(s)
 - iii. Information Disclosure Statement
 - iv. Other _____

2. Fee Transmittal Sheet is enclosed in duplicate.

3. Request for extension: Pursuant to 37 C.F.R. §1.136, Applicant(s) request a 3-month extension for filing a response to the outstanding Official Action.

SIGNATURE OF APPLICANT, ATTORNEY or AGENT

Patrick J. Hagan, Esq.
P.T.O. Regis. No. 27,643

Phone (215) 563-4100
Fax (215) 563-4044

CERTIFICATE OR MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Assistant Commissioner for Patents, Box RCE, Washington, D.C. 20231, or facsimile transmitted to the U.S. Patent and Trademark Office on:

Feb. 28, 2003

Date

Janice M. Nightlinger

RCO/600

 FEE TRANSMITTAL MAR 05 2003	Complete if known	
	Application Number: 09/445,656	
	Filing Date: July 17, 2000	
	First Named Inventor: A.V. Kabanov et al.	
	Group Art Unit: 1617	
	Examiner Name: E. Webman	
Total Amt. of Payment: (1)+(2)+(3)= \$840		TECH CENTER 1600/2900 MAR 10 2003 RECEIVED
Attorney Docket Number: 0685-UNMC-63117A-US		

METHOD OF PAYMENT (check one)		FEES CALCULATION (continued)																					
1. The Commissioner is hereby authorized to: <input type="checkbox"/> Charge indicated fees <input checked="" type="checkbox"/> Charge additional fees <input checked="" type="checkbox"/> Credit overpayments to the account of DANN, DORFMAN, HERRELL & SKILLMAN Deposit Account Number <u>04-1406</u>		ADDITIONAL FEES Fee Description Fee Paid Surcharge-late filing fee or oath _____ Surcharge - late provisional filing fee or cover sheet _____ Extension for response within third month _____ \$465 Notice of Appeal _____ Filing a brief in support of an appeal _____ Request for oral hearing _____ Petition to revive unavoidably abandoned application _____ Petition to revive unintentionally abandoned application _____ Issue Fee Petitions to the Commissioner _____ Petitions related to provisional applications _____ Submission of Information Disclosure Stmt. _____ Recording each patent assignment per property _____ Other fee (specify) <u>Advance Order (10 copies)</u> _____ SUBTOTAL (1) <u>\$375</u> SUBTOTAL (3) <u>\$465</u>																					
FEE CALCULATION 1. FILING FEE Fee Description Fee Utility filing fee <u>\$375</u> Design filing fee _____ Plant filing fee _____ Reissue filing fee _____ SUBTOTAL (1) <u>\$375</u>																							
2. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Paid</th> <th style="text-align: center;">Extr</th> <th style="text-align: center;">Fee</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">- = 0</td> <td style="text-align: center;">x = 0</td> <td style="text-align: center;">= 0</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">- = 0</td> <td style="text-align: center;">x = 0</td> <td style="text-align: center;">= 0</td> </tr> <tr> <td>Multiple Dependent (First presentation)</td> <td colspan="3"></td> </tr> <tr> <td></td> <td colspan="3" style="text-align: center;">SUBTOTAL (2) <u>\$0</u></td> </tr> </tbody> </table>					Paid	Extr	Fee	Total Claims	- = 0	x = 0	= 0	Independent Claims	- = 0	x = 0	= 0	Multiple Dependent (First presentation)					SUBTOTAL (2) <u>\$0</u>		
	Paid	Extr	Fee																				
Total Claims	- = 0	x = 0	= 0																				
Independent Claims	- = 0	x = 0	= 0																				
Multiple Dependent (First presentation)																							
	SUBTOTAL (2) <u>\$0</u>																						

Submitted By:

Typed or

Printed Name Patrick J. HaganReg. Number 27,643Signature Patrick J. HaganDate 28 Feb. 2003Deposit Account User ID
04-1406